

(3) Standard for Non-Flammable Medical Gas Systems, 1973, NFPA Bulletin No. 56F, National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02110.

(4) Standard for Medical-Surgical Vacuum Systems in Hospitals, Pamphlet P-2.1: Compressed Gas Association (CGA), 500 Fifth Avenue, New York, NY 10036.

(c) *Fire and safety.* The fire-resistant design criteria for the facility will be governed by the criteria necessary for that portion of the facility which is subject to the most severe usage. Remodeled structures shall be upgraded, in total, unless it is feasible to isolate the improved portion of the building with fire walls and fire doors. Fire-resistant design shall be in accordance with the standards of Life Safety Code, NFPA No. 101, 1973, National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02110.

(d) *Emergency electrical service.* Fire alarm systems and other electrical service shall conform to the standards as specified in Life Safety Code, NFPA No. 101, 1973, National Fire Protection Association, 470 Atlantic Avenue, Boston, MA 02110.

(e) *Electrical.* All electrical installations and equipment shall be in accordance with State and local codes and applicable sections of National Electric Code, NFPA Bulletin No. 70, 1971, National Fire Protection Association, 470 Atlantic Avenue Boston, MA 02110.

(f) *Radiation protection.* All areas in which X-ray, gamma-ray, beta-ray producing and similar equipment is located shall be protected from radiation in accordance with the standards which are in the Handbook Reports No. 33 and 34: National Council on Radiation Protection (NCRP), P.O. Box 30175, Washington, DC 20008.

(g) *Earthquake.* All facilities shall be designed and constructed in accordance with the standards specified in the Uniform Building Code, 1973, International Conference of Building Officials, 5360 South Workman Mill Road, Whittier, CA 90601, unless more restrictive State and local codes govern.

(h) *Zoning.* State and local codes shall apply.

[45 FR 12243, Feb. 25, 1980; 45 FR 20096, Mar. 27, 1980]

PART 52c—MINORITY BIOMEDICAL RESEARCH SUPPORT PROGRAM

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AUTHORITY: 42 U.S.C. 216, 241(a)(3).

SOURCE: 45 FR 12246, Feb. 25, 1980, unless otherwise noted.

§ 52c.1 Applicability.

The regulations in this part apply to grants (under the Minority Biomedical Research Support Program) awarded in accordance with section 301(a)(3) of the Public Health Service (PHS) Act (42 U.S.C. 241(a)(3)) to increase the numbers of ethnic minority faculty, students, and investigators engaged in biomedical research, and to broaden the opportunities for participation in biomedical research of ethnic minority faculty, students, and investigators, by providing general support for biomedical research programs at eligible institutions.

[58 FR 61030, Nov. 19, 1993]

§ 52c.2 Definitions.

As used in this part:

Act means the Public Health Service Act, as amended (42 U.S.C. 201 *et seq.*).

Ethnic minorities includes but is not limited to such groups as Black Americans, Hispanic Americans, Asian/Pacific Islanders, and American Indians/Native Alaskans (Native Americans).

HHS means the Department of Health and Human Services.

Nonprofit as applied to any institution means an institution which is a corporation or association no part of the net earnings of which inures or may lawfully inure to the benefit of any private shareholder or individual.

Program director means a single individual, designated in the grant application, who is scientifically trained and has research experience and who is responsible for the overall execution of the program supported under this part at the grantee institution.